

2016 State Charitable Giving Campaign Special Event Form

* Agency, Board or Commission: _____ * Division/Team: _____
* Location: ☐ Lincoln ☐ Omaha ☐ Other: _____
* Collected by (Name): _____ Phone: _____ *Date: _____

Special Event Summary	Check#/Date	Total Paid
Check:	_____	_____
Cash:		_____
* Special Event Total:		_____

Report is enclosed: ☐ Yes ☐ No

NOTES: _____

***Items marked with an asterisk are required**

UW Rep: _____

Date: _____

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